



North Carolina  
Department of Health and Human Services  
**Division of Medical Assistance**

**Medical Policy**

1985 Umstead Drive – 2511 Mail Service Center - Raleigh, N.C. 27699-2511  
Courier Number 56-20-06

James B. Hunt, Jr., Governor  
H. David Bruton, M.D., Secretary

Paul R. Perruzzi, Director

**Certification of Need: Medicaid Inpatient Psychiatric Service Under Age 21**

Recipient Name: \_\_\_\_\_ PRTF Facility Name: \_\_\_\_\_

Medicaid ID # \_\_\_\_\_ Provider # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Admission Date: \_\_\_\_\_

**Type of Certification:**

**Medicaid Eligibility Status:** (check 1 item)

\_\_\_\_\_ Pre-admission/elective

\_\_\_\_\_ Medicaid eligible on admission

\_\_\_\_\_ Pending Medicaid on admission

\_\_\_\_\_ No evidence of Medicaid on admission

**At the time of admission, the interdisciplinary team certifies the following:**

1. Ambulatory care resources in the community does not meet the treatment needs of the recipient.
2. Proper treatment of the recipient's condition requires services on an inpatient basis under the direction of a physician.
3. The acute inpatient services can reasonably be expected to improve the recipient's condition or prevent further regression so that services will no longer be needed.

\_\_\_\_\_/\_\_\_\_\_  
Physician Team Member Signature      Print Name/Title      Date (Mo/Day/Yr)

\_\_\_\_\_/\_\_\_\_\_  
Other Team Member Signature      Print Name/Title      Date (Mo/Day/Yr)

**FOR FH USE ONLY:**

Date: \_\_\_\_\_ Reviewer: \_\_\_\_\_ Results: \_\_\_\_\_ Start Date: \_\_\_\_\_